SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Bayfield Co. Zoning Dept.

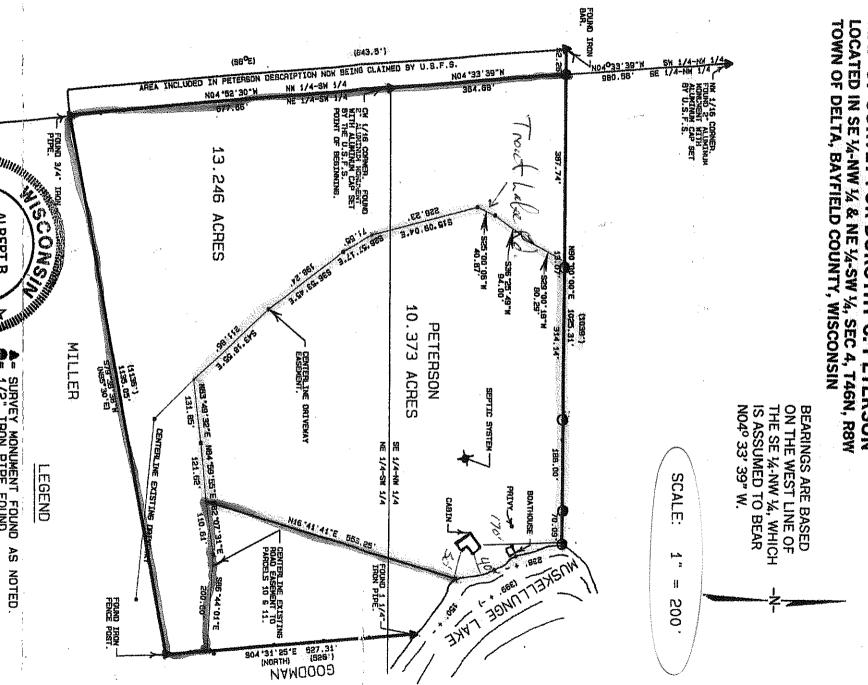
INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAV Changes in plans must be approved by the Zoning Department.

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	Amount Paid:	Zoning District	Application No.	
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D ON AN EXTENSION MUST BE GRAPED VIA A-MEN TEMPORARY PERMIT OF CHOPPING USE PRIMIT	CONTENTED OF
EXPORMING PERSONS OF SPIRES & SANGER WILL HAVE TO THE BYTHEM MELLOUSED.	Condition: 1/24.00140
llan Required: Yes ☐ No 🔯Variance (B.O.A.) #	Mitigation Plan Required:
By DX	SLOHOL
RECORD PHE EXISTENTY CHUSTONE UT EXISTENT PENTENT PENTENT NAME OF SOFT AT	Inspection Record: (
Denial: Permit Number 11 00001 Permit Denied (Date)	Date
	Permit Issued:
on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed)	* See Notice on Back
permit 63548 Tracktake Rd. Iran River	Address to send permit
Mr. Selection	or Authorized Ag
our) knowledge and belief I be relied upon by Bayfie!) am (are) providing in c at any reasonable time	(we) declare that ims applican (we) acknowledge that I (we) an to issue a permit. I (we) furth consent to county officials cl
Other (explain) Temp. it se. during construction without a permit will result in penalties	Residential Other (explain)
(explain)	☐ Residential Accessory I
Residential Addition / Alteration (explain) Special/Conditional Use (explain)	☐ Residential Addition / A☐ Residential Accessory
ft. Garage sq. ft Commercial Other (explain)	Residence sq. ft.
Residence w/attached garage (# of bedrooms) □ Commercial Accessory Building Addition (explain)	□ * Residence w/attach
Deck(2) sq. ft	I 1
w/deck-porch (# of bedrooms)	Residence w/deck-p
or Principal Structure (# of bedrooms) [] Mobile Home (manufactured date)	☐ ※ Residence or Princip Residence so. ft.
Iue-H 20, 020 Square Footage S Sanitary: New Existing X Privy X City City	Fair Market Value 120
AdditionExisting	Structure: New
Ome)(Work) Written Authorization Attached: Yes \(\bar{\mathbb{N}} \) No \(\bar{\mathbb{N}} \) If wes \(\bar{\mathbb{N}} \) Distance from Shoreline: greater than 75' \(\bar{\mathbb{N}} \) 75' to 40' \(\bar{\mathbb{N}} \)	lelephone \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Kives, Ct. 34847 Authorized Agent WR	となった。
J3540°	Address of Property
Michael & Creatine Dresell Contractor MH (Phone)	
Lot Block Subdivision CSM# Acreage))
on SE 1/4 of MW 1/4 of Section 4 Township 46 North, Range 8 West. Town of Deta	Legal Description S
SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A.	LAND USE SAN
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department.	DO NOT START CONSTR Changes in plans must be a



MAP OF SURVEY FOR DOROTHY C. PETERSON



SURVEY MONUMENT FOUND AS NOTED.